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Dudley Bell ..... President
411 30th St., Oakland
David Dugan ..... Secretary
459 30th St., Oakland

BUTTE-GLENN Medical Society. Meets Fourth Thursday.
Adrian R. M. Sears ..... President
145 Spruce St., Gridley, or
P. O. Box 186, Gridley
Jay O. Gibson ..... Secretary
170 E. 2nd Ave., Chico

FRESNO County Medical Society, 2155 Amador, Fresno. Meets Second Tuesday, 6:30 p.m., Sunnyside Country Club.
Robb Smith ..... President
Sixth & E Sts., Orange Cove
N. John Wilde ..... Secretary
2934 N. Fresno St., Fresno

HUMBOLDT County Medical Society, Meets Second Thursday.
Paul Moynihan ..... President
839 9th St., Arcata
Jack Walsh ..... Secretary
519 Sixth St., Eureka

IMPERIAL County Medical Society. Meets Second Tuesday, 8 p.m., Pioneer Memorial Hospital, Brawley.
Robert J. Chapman ..... President
608 G St., Brawley
Ernest Brock ..... Secretary
200 S. Imperial Ave., Imperial

INYO-MONO County Medical Society. Meets Fourth Tuesday except December, January, February.
Claude Peters ..... President
Lone Pine
Victor H. Hough ..... Secretary
Box 175, Lone Pine

KERN County Medical Society, 2603 G Street, Bakersfield. Meets Third Tuesday, 7:30 p.m., Saddle and Sirloin, except June, July, August.
Robert L. Day ..... President
1817 Truxtun Ave,. Bakersfield
Carroll W. Goss ..... Secretary
431 Main St., Lamont

KINGS County Medical Society. Meets Second Monday, 8:00 p.m., Legion Hall, Hanford.
N. F. Sorensen ..... President
1028 N. Douty St., Hanford
R. W. Brookshier ..... Secretary
1028 N. Douty St., Hanford

*LASSEN-PLUMAS-MODOC County Medical Society. Meets on call.
William J. Quinn ..... President
Medico-Dental Bldg., Alturas
Willard S. Bross, Jr. ..... Secretary
Western Pacific Hospital, Portola

LOS ANGELES County Medical Assn., 1925 Wilshire Blvd., Los Angeles 57. Meets First and Third Thursdays, 1925 Wilshire Blvd., Los Angeles.
William F. Quinn ..... President
1925 Wilshire Blvd., Los Angeles 57
Gerald W. Shaw ..... Secretary
1925 Wilshire Blvd., Los Angeles 57

MADERA County Medical Society.
Jack A. Bick ..... President
812 W. Yosemite Ave., Madera
Robert B. Rowe ..... Secretary
525 E. Yosemite Ave., Madera

MARIN County Medical Society, 1703 Fifth Ave., San Rafael. Meets First Thursday, 7:00 p.m.
Rolla B. Hess ..... President
1703 Fifth Ave., San Rafael
Russell R. Klein ..... Secretary
1703 Fifth Ave., San Rafael

MENDOCINO-LAKE County Medical Society.
K. O. Ridgley ..... President
215 West Standley St., Ukiah
R. B. Smalley ..... Secretary
361 S. Main St., Willits

MERCED County Medical Society. Meets Fourth Thursday, Hotel Tioga, Merced.
Gerald D. Wood ..... President
544 W. 25th St., Merced
Zdenck Fluss ..... Secretary
2434 M St., Merced

MONTEREY County Medical Society, P. O. Box 308, Salinas. Meets First Thursday.
Frank Hilton Smith ..... President
440 E. Romie Lane, Salinas
Robert A. Helfrich ..... Secretary
440 E. Romie Lane, Salinas

*NAPA County Medical Society. Meets Second Wednesday, 908 Trancas Street, Napa
Arthur C. Hemphill ..... President
980 Trancas St., Napa
Thomas W. Ledwich ..... Secretary
980 Trancas St., Napa

ORANGE County Medical Association, 1226 N. Broadway, Santa Ana. Meets First Tuesday, 7:00 p.m.
William H. Wickett, Jr. ..... President
211 N. Pomona, Fullerton
William K. Friend ..... Secretary
520 W. Seventeenth St., Santa Ana

*PLACER-NEVADA-SIERRA County Medical Society. Meets Second Wednesday.
K. M. Joye ..... President
145 Midway Ave., Auburn
T. J. Rossitto ..... Secretary
1166 High St., Auburn

*RIVERSIDE County Medical Association, 4175 Brockton Ave., Riverside. Meets Second Monday, 8:00 p.m., El Loro Room, Mission Inn.
Herman H. Stone ..... President
3660 Arlington Ave., Riverside
Donald Abbott ..... Secretary
4029 Brockton Ave., Riverside

SACRAMENTO Society for Medical Improvement, 2731 Capitol Ave., Sacramento. Meets Third Tuesday, 8:30 p.m., Sutter Hospital Auditorium.
William F. B. Harding ..... President
2731 Capitol Ave., Sacramento
Geoffrey A. Fricker ..... Secretary
2731 Capitol Ave., Sacramento

SAN BENITO County Medical Society. Meets First Thursday, Hazel Hawkins Memorial Hospital, Hollister.
John J. Haruff ..... President
P. O. Box 236, Hollister
J. O. Bradt ..... Secretary
Bank of America Bldg., Hollister

SAN BERNARDINO County Medical Society, 615 D St., San Bernardino. Meets First Tuesday, 8:00 p.m., San Bernardino County Charity Hospital.
Clarence T. Halburg ..... President
37 E. Vine St., Redlands
Cline N. Mapes ..... Secretary
1807 D St., San Bernardino

SAN DIEGO County Medical Society, 3427 - 4th Ave., San Diego 3. Meets Second Tuesday, Mission Valley Country Club, 950 West Camino Del Rio.
Joseph W. Telford ..... President
3255 Fourth Ave., San Diego 3
Clifford L. Graves ..... Secretary
846 Prospect St., La Jolla

SAN FRANCISCO Medical Society, 250 Masonic Ave., San Francisco 18. Meets Second Tuesday, 8:15 p.m., 250 Masonic Ave., San Francisco 18.
Claude P. Callaway ..... President
250 Masonic Ave., San Francisco 18
John B. Schaupp ..... Secretary
250 Masonic Ave., San Francisco 18

SAN JOAQUIN County Medical Society. Meets First Thursday, 8:15 p.m., 936 N. Commerce St., P.O. Box 230, Stockton.
James R. Powell ..... President
501 Medico-Dental Bldg., Stockton
Dora A. Lee ..... Secretary
2420 N. California St., Stockton

SAN LUIS OBISPO County Medical Society. Meets Third Saturday, 7:00 p.m., Anderson Hotel, San Luis Obispo.
Edison A. French ..... President
1170 Marsh St., San Luis Obispo
Louis M. Tedone ..... Secretary
1170 Marsh St., San Luis Obispo

SAN MATEO County Medical Society, 122 El Camino Real, San Mateo. Meets Third Tuesday.
William H. Thompson ..... President
122 Second Ave., San Mateo
Frank J. Novak ..... Secretary
122 Second Ave., San Mateo

SANTA BARBARA County Medical Society, 300 W. Pueblo St., Santa Barbara. Meets Second Monday, Cottage Hospital.
James Dalton ..... President
301 W. Pueblo St., Santa Barbara
H. Vernon Freidell ..... Secretary
1515 State St., Santa Barbara

SANTA CLARA County Medical Society, 1960 The Alameda, San Jose 26. Meets Third Monday except in July and August.
Edward Liston ..... President
300 Homer Ave., Palo Alto
Joseph Giansiracusa ..... Secretary
1007 Medico-Dental Bldg., San Jose

SANTA CRUZ County Medical Society. Meets every Second Month, Second Tuesday. Time, place to be announced.
James L. DePuy ..... President
30 Brennen St., Watsonville
William Cress ..... Secretary
526 Soquel Ave., Santa Cruz

*SHASTA-TRINITY County Medical Society. Meets First Monday.
Roland R. Jantzen ..... President
1726 Market St., Redding
Robert R. Breeden ..... Secretary
Box 416, Weaverville

*SISKIYOU County Medical Society. Meets Sunday on call.
Robert W. Bayuk ..... President
224 Butte St., Yreka
John McGiff ..... Secretary
Box 246, McCloud

SOLANO County Medical Society. Meets Second Tuesday, 8:00 p.m., at different meeting places.
Robert W. Hoellwarth ..... President
650 Tennessee St., Vallejo
Douglas Woodward ..... Secretary
1108 Marin St., Vallejo

SONOMA County Medical Society, 304 American Trust Bldg., Santa Rosa. Meets Second Thursday.
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304 American Trust Bldg., Santa Rosa
Clayton B. Taylor ..... Secretary
304 American Trust Bldg., Santa Rosa

STANISLAUS County Medical Society, 303 Downey Ave., Modesto. Meets Third Tuesday of the month, 7 p.m., Hotel Covell, Modesto.
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Woodring Pearson ..... Secretary
650 Third St., Woodland

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* 1958 Officers.

(For roster of C.M.A. committees and other organizations, see last month's issue.)

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Apparent Recovery from Leukemia Reported

A New York woman has apparently recovered from leukemia and has remained well for more than five years, her physician reported.

Writing in the May 9 issue of the *Journal of the American Medical Association,* Dr. Carl Reich of Lenox Hill Hospital said the woman became ill in 1951 at the age of 52. A definite diagnosis of lymphocytic leukemia was given.

In 1953—after the typical course of treatment including blood transfusions—all the signs and symptoms of leukemia disappeared during a three-month period. She has shown no symptoms since.

Leukemia, which affects the white blood cells and is sometimes called "cancer of the blood" is usually considered to be "invariably fatal," Dr. Reich said. Some cases of recovery have been reported, but the diagnosis has usually been in doubt.

(Continued on Page 18)

New Drug for Parkinsonism Symptoms

A new drug has been found to be of "positive value" in the treatment of Parkinson's disease, or "shaking palsy," according to two New York doctors.

The drug is chlorphenoxamine hydrochloride, a derivative of diphenhydramine (Benadryl) hydrochloride, which is an antihistaminic and an antispasmodic.

Chlorphenoxamine is especially useful for the relief of muscular rigidity, loss of motor function, fatigue, depression, and weakness, all symptoms of Parkinson's disease. It is less effective against tremor, the most outstanding symptom of the disease. However, it provides the patient with more energy and strength, greater freedom of motion and longer duration of activity than most current remedies, Drs. Lewis J. Doshay and Kate Constable of Columbia University said in the May 2 issue of the *Journal of the American Medical Association.*

Chlorphenoxamine is "a valuable addition to the armamentarium of drugs" for use in patients with Parkinson's disease, they said. Most patients with parkinsonism need more than one drug to control all the symptoms of the disease, and chlorphenoxamine can be combined with other drugs that are effective against tremor.

The doctors noted that the side effects of the drug are minimal and that it does not appear to lose its effect after the patient has been using it for some months. The drug was given to 161 patients by the New York doctors and 53 per cent were benefited.

"Experience has shown that if a new drug provides 30 per cent of patients greater benefits than they were able to obtain from available compounds, it has clinical merit," the doctors said. Chlorphenoxamine, with its record of benefiting 53 per cent, is a worthy addition to a long list of drugs now available for the treatment of parkinsonism.

Apparent Recovery from Leukemia Reported

(Continued from Page 10)

Leukemia may have periods of remission in which the disease process temporarily dies down. His patient may be in a period of prolonged remission, but Dr. Reich believes that she is completely recovered.

He does not know why she recovered, but it is possible that some factor in the blood of one of the donors may have had a salutory effect.

"Whatever the cause of her recovery," Dr. Reich said, "the important lesson to be learned from this case is that there is hope even in such a dreadful disease as leukemia."

Physicians Do Travel Far For Postgraduate Classes

Physicians are willing to travel great distances—even more than 300 miles—to attend postgraduate medical education courses, a new American Medical Association study shows.

The study, conducted by the American Medical Association Council on Medical Education and Hospitals, is reported in the May 9 issue of the *Journal of the American Medical Association.* It deals with 20,432 physicians who enrolled in postgraduate courses between September 1, 1956, and August 31, 1957.

(Continued on Page 28)

Emotional Problems Cause Many College Drop-Outs

The "spoon feeding" of children has been blamed for the high rate of drop-outs from college. Four out of 10 students in college today will not stay long enough to be graduated, according to an article in the April issue of *Today's Health,* published by the American Medical Association.

The root of the high drop-out rate lies in psychological troubles, most educators think. The students simply are not mature enough to cope with college and its demands.

They are the product of an "era of spoon feeding," the article said. When they get to college and find that everything is not done for them, they crack up and drop out.

There are, of course, other reasons for leaving college, including financial difficulties, marriage, or inability to meet the necessary intellectual standards. However, the emotional problems are great.

The article offered some suggestions to parents and students for handling these college emotional problems.

Parents can help their children remain in college by leaving the children alone; by seeing that they have information about college and career selections, but letting them make their own choice; by refraining from imposing their parental interests on the children; by seeing that children have a previous living-away-from-home experience; by not overstressing the need for high grades, and by letting the children earn part of their own expenses.

For students who want to avoid "joining the army of drop-outs," the article offered the following suggestions:

Before going to college, try to get a realistic picture of what to expect.

Recognize that college will present stiff academic competition.

From the start, budget study time.

If you are shy, get a roommate. Make yourself available for social contacts, but don't overemphasize the social side of college.

Try to think through what you want to get out of college, then make sure your work has a direct relationship to your career.

Get plenty of rest, and realize that minds do not work better when stimulated by anything stronger than coffee or "Coke."

Give the college a chance to provide helpful guidance for adjustment. Know what resources the college offers and take advantage of them.

In conclusion, the article noted, "The sound, sensible approach to college life, by students as well as their parents, can do much to cut down drop-outs—the deplorable waste of America's most competent manpower."

The article was written by Theodore Irwin, Scarsdale, New York.

Physicians Do Travel Far For Postgraduate Classes

(Continued from Page 18)

Postgraduate courses are given by hospitals, medical schools, medical societies or governmental agencies to help physicians keep up with the many rapid advances in medicine.

The study showed that physicians traveled from one-half mile to more than 300 to attend courses. A third of them traveled from 50 to 200 miles. The distances traveled were greatest in the western part of the country.

In all regions, however, physicians traveled much farther to enroll in postgraduate courses than had previously been assumed, the report said.

It appears that the kind of course has greater importance in attracting enrollment than does the distance the physician has to travel. Courses offered by medical schools are most popular, the report said.

In view of the apparent willingness of physicians to travel long distances, reconsideration might be given to the way postgraduate courses are set up, the report said. It recommended that course planning not be limited only to state areas, but be done on regional bases.

Antarctic-Based Men Suffer Tension Headaches

Men stationed in Antarctica during the recent geophysical year frequently suffered from headaches—but not because of the cold, according to a Navy psychiatrist. The headaches apparently were of emotional origin, Capt. Charles S. Mullin, Jr., Philadelphia, said in the May 9 issue of the *Journal of the American Medical Association.* He explained that the men, living in very close quarters for a year, realized that they must control their aggression and hostility. The resulting tension caused the headaches.

Station medical officers felt that few if any of the headaches could be attributed to eye strain, poor ventilation, fatigue, cold, hunger, sinus trouble, or other common causative factors. Most of the headaches occurred during the winter months when there was comparatively little outside activity.

It was striking, Captain Mullin said, that at small stations there was a "remarkable absence of either physical fights or hostile-angry arguments." The explanation apparently lies in the fact that the men recognized the need for control and for avoiding open breaks. Each man realized that he was dependent on the good will of the "next man" and of the

(Continued on Page 40)

Antarctic-Based Men Suffer Tension Headaches

(Continued from Page 34)

group as a whole in this "tight little world." This abnormal control effort could not be achieved without some cost in terms of accumulated tension, he said.

Studies showed that the civilian-officer group suffered more headaches than the enlisted group. The enlisted men were perhaps more fortunate in having more varied methods of handling the problem, Captain Mullin said. For example, there were violent swearing, vigorous horseplay, and "an interesting technique of exchanging frank and fearful insult, often quite personal and to the point but apparently rarely reacted to with much if any anger."

"The more sophisticated scientist-officer group were more limited in the effective techniques available and were perhaps under greater self-imposed necessity for careful control of their aggressions: hence their preponderance of headaches," the author concluded.

Sweat Band Dermatitis

An unusual skin disease—sweat band dermatitis—was reported by a Boston dermatologist in the April 11 issue of the *Journal of the American Medical Association.*

Dr. George E. Morris, a member of the American Medical Association Committee on Occupational Dermatoses, said sweat band dermatitis has not been reported recently in the United States because tanning materials containing chrome—a common cause of such skin disorders as shoe leather dermatitis—are not used in the preparation of sweat bands. However, Dr. Morris has seen three cases of sweat band dermatitis in recent months. One resulted from a sensitivity to chrome, but not because it was present in the sweat band.

The man worked in a tannery. He was sensitive to tanning substances and had a rash on hands, arms and other parts of the body that were in contact with the tanning solution. He developed sweat band dermatitis because he had been wiping the perspiration off the sweat band with his hands, which were contaminated with the tanning solution.

The other two cases were not related to tanning substances. One man was sensitive to the material used to "finish" the paper sweat band of a painter's cap. The other was sensitive to the oil used in the ropes with which he worked. The sweat band dermatitis developed when he wiped the sweat band of the cap with his hands which were contaminated with the oil.

Dr. Morris noted in conclusion that sweat band dermatitis is usually caused by a finishing agent for paper or synthetic fibers or by substances rubbed onto the sweat band by the hands.

Snacks Must Be Considered As Part of Whole Diet

"Extracurricular eating" is fine provided it contributes good food to the daily diet and is not a means of adding unneeded calories, according to an American Medical Association publication.

More than 80 per cent of American families snack —mainly between lunch and dinner and in the evening, it was pointed out in an article in the May issue of *Today's Health.*

Whether a person should snack or not depends on his own situation, the article said. Some children during periods of rapid growth and adults who are trying to gain weight need more food than is usually eaten in three meals. But for other persons snacks may be simply a way of adding unneeded pounds.

Whatever a person's snack problem, nutritionists agree that snacks should count nutritionally and should be considered as part of the daily diet. When snacks are of limited nutritional quality they are likely to replace foods that provide the nutrients essential to good health. The appetite may be satisfied before nutritional needs are met.

A person watching his weight should also watch his snacks. If he knows he is going to a party where he will eat, he should reduce the amount of food eaten at a meal, the article said.

It offered some suggestions for nutritious snacks for weight watchers. These might include sliced carrots, cucumbers or radishes topped with salt, pepper, lemon, herbs or spices; or crisp wafers spread with cottage cheese topped with paprika and sweet pickle relish.

(Continued on Page 58)

Air-Conditioning Benefits Heart Disease Patients

Patients with heart disease who must be hospitalized in hot weather are greatly helped by air-conditioning of their rooms, two New Orleans physicians have stated. They are helped because the air-conditioning eliminates sweating, which causes the cardiovascular system to work harder than usual. Thus it prevents additional strain on an already damaged heart. Air-conditioning of hospital rooms is also especially helpful, the physicians said, to patients with chronic illnesses and with bronchial asthma.

Writing in the May 9 issue of the *Journal of the American Medical Association,* Drs. George E. Burch and Nicholas DePasquale said air-conditioning as an adjunct to regular treatment "has not received the emphasis in medical literature that it deserves."

They compared two groups of patients treated at Charity Hospital, New Orleans, in air-conditioned and non-air-conditioned wards. They found that air-

(Continued on Page 58)

Senator Green Gives Longevity Rules

The way a man uses his years—not the way he counts them—tells how old he is, according to 91-year-old Senator Theodore F. Green of Rhode Island.

In an interview reported in the May issue of *Today's Health,* published by the American Medical Association, Senator Green explained how he has managed to remain active and "young at 91."

The senator, the oldest man ever to serve in Congress, said his secret of longevity is mainly due to moderation and exercise.

"Too many people give up and quit just as they are entering their prime," he said. "I never rest but I do relax. I don't get worried. I don't get excited. I laugh a lot.

"A good way to keep fit is to remain active. I try to do a variety of things—that's what keeps you interested."

His advice for people wanting to live a long life is "Keep a clear conscience, practice moderation, enjoy your life and work, keep your weight down, and take regular exercise."

By exercise he means some daily exercise, not "lounging through the winter and then going athletic on a summer vacation or during a violent week end." Senator Green walks nearly everyplace he goes.

Commenting on other persons who fail to follow the common sense rules of healthful living, Senator Green said, "If they're not careful, they won't live to be venerable!"

Air-Conditioning Benefits Heart Disease Patients

(Continued from Page 52)

conditioning benefited most patients, although a few could not stand it at all. They complained of the cold and of having "stuffy" noses.

The air-conditioning was beneficial to patients mainly because they slept more soundly, longer, and more restfully. Patients who were short of breath found it easier to breathe, thus relieving anxiety and apprehension.

On the whole, air-conditioning "eliminated sweating, fostered a calm and quiet atmosphere, improved morale of both patients and attending personnel, removed allergens from the environment, and increased the tolerance of enforced bed rest," the physicians concluded.

Snacks Must Be Considered As Part of Whole Diet

(Continued from Page 46)

For those wanting to gain weight, the article recommended homemade pizza (split English muffins; add pizza cheese, tomatoes, oil, spices, anchovies, sausage, onions, mushrooms; put in oven and bake), and tuna, crab meat or chicken livers spread on toast quarters or biscuits (bake, sprinkle with cheese and serve).

Operation Devised for Correcting "Lop" Ears

The only way an "outstanding ear" can be made less prominent is by taking the spring out of the cartilage that provides its skeleton, according to a Boston ear, nose, and throat specialist.

Cartilage is "nearly a perfect spring in that it may be bent for long periods of time, but once the force which holds it is released it will spring back to its former shape," states Dr. Edgar M. Holmes.

Any procedure to alter the shape of a "lop" ear must first "remove the temper of the cartilage before it will remain in its new position," he said. A number of procedures have been used, but most of them present such varying difficulties as scars or ugly creases in the skin of the back of the ear.

Dr. Holmes, however, has developed a new surgical procedure that seems to work better than the older methods. He described it in the April issue of *Archives of Otolaryngology*, published by the American Medical Association.

In the operation, the skin on the back of the ear is folded back, exposing the cartilage. A row of small cuts from top to bottom is made in the part of the ear nearest the head. Following this more

(Continued in Back Advertising Section, Page 72)

BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE *are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.*

A DOCTOR REMEMBERS—Edward H. Richardson, M.D., Associate Professor Emeritus of Gynecology, The Johns Hopkins University School of Medicine, Baltimore, Maryland. Vantage Press, Inc., 120 W. 31 Street, New York 1, N. Y., 1959. 252 pages, $3.95.

AIDS TO MEDICAL TREATMENT—Fourth Edition—T. H. Crozier, B.Sc., M.D., D.P.H., F.R.C.P., Physician to the Royal Victoria and Belfast City Hospitals. Bailliere, Tindall and Cos, London, 1959. Distributed in the U. S. by Williams and Wilkins Company, Baltimore, Maryland. 367 pages, $3.75.

ANNUAL REVIEW OF MEDICINE—Volume 10—David A. Rytand, Editor, Stanford University School of Medicine; and William P. Creger, Associate Editor, Stanford University School of Medicine. Annual Reviews, Inc., Palo Alto, California, 1959. 448 pages, $7.00.

AUTOGENIC TRAINING—A Psychophysiologic Approach in Psychotherapy—Johannes H. Schultz, M.D., and Wolfgang Luthe, M.D. Grune & Stratton, New York, 1959. 289 pages, $9.50.

CIBA FOUNDATION SYMPOSIUM ON THE BIOSYNTHESIS OF TERPENES AND STEROLS. Editors for the Ciba Foundation—G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Maeve O'Connor, B.A. Little Brown and Company, Boston, 1959. 311 pages, $8.75.

DISEASES OF WOMEN—by Ten Teachers—Tenth Edition—Under the Direction of Frederick W. Roques, C.B.E., M.D., M.Chir., F.R.C.S., F.R.C.O.G.; Edited by Frederick W. Roques, John Beattie, and Joseph Wrigley. Edward Arnold (Publishers) Ltd., London. The Williams & Wilkins Co., Baltimore, exclusive U. S. agents, 1959. 556 pages, $8.00.

501 QUESTIONS AND ANSWERS IN ANATOMY—Stanley D. Miroyiannis, B.S., M.A., Ph.D., F.A.A.A.S., F.I.A.S., Professor of Anatomy and Chairman of the Department, Still College; with an Introduction by Ernest V. Enzmann, Ph.D., Associate Professor of Histology and Embryology, Still College. Vantage Press, Inc., 120 W. 31 Street, New York 1, N. Y., 1959. 332 pages, $5.00.

FUNDAMENTALS OF OTOLARYNGOLOGY — Third Edition—A Textbook of Ear, Nose and Throat Diseases—Lawrence R. Boies, M.D., Professor of Otolaryngology, Chairman, Department of Otolaryngology, University of Minnesota Medical School. W. B. Saunders Company, Philadelphia, 1959. 510 pages, $8.00.

GYNECOLOGIC ENDOCRINOLOGY — Gardner M. Riley, Ph.D., Associate Professor of Obstetrics and Gynecology, University of Michigan Medical School; Director, Reuben Peterson Memorial Research Laboratory, University Hospital, Ann Arbor; foreword by Norman F. Miller, M.D., Professor and Chairman of Department of Obstetrics and Gynecology, University of Michigan Medical School. A Hoeber-Harper Book—Medical Book Dept. of Harper & Brothers, New York, 1959. 330 pages, $8.50.

HEARING—A Handbook for Laymen—Norton Canfield, M.D., Associate Clinical Professor of Otolaryngology, Yale University School of Medicine; President of the Audiology Foundation. Doubleday & Company, Inc., Garden City, New York, 1959. 214 pages, $3.50.

HISTORY OF AMERICAN MEDICINE (A Symposium). (MD International Symposia No. 5)—Edited by Felix Marti-Ibanez, M.D. MD Publications, Inc., New York, 1959. 181 pages, $4.00.

INDIVIDUAL AND FAMILIAL DYNAMICS—Science and Psychoanalysis Volume II—Edited by Jules H. Masserman, M.D., Professor of Neurology and Psychiatry, Northwestern University. Grune and Stratton, New York, 1959. 218 pages, $6.75.

LEPROSY IN THEORY AND PRACTICE—Edited by R. G. Cochrane, M.D., Ch.B. (Glas.), F.R.C.P. (Lond.), D.T.M. and H.; Technical Medical Advisor, American Leprosy Missions Inc.; Advisor in Leprosy, Ministry of Health, London; Vice-President, International Leprosy Association; Honorary Member, Indian Association of Leprologists. With a foreword by Sir George McRobert, C.I.E., M.D. (Aberd.), F.R.C.P. (Lond.), Senior Physician, Hospital for Tropical Diseases, University College Hospital, London; formerly Professor of Medicine, Madras Medical College. Published in Bristol: John Wright & Sons Ltd., 1959. The Williams & Wilkins Company, Baltimore 2, Maryland, exclusive U. S. agents. 407 pages, $15.00.

MANUAL OF ANESTHETIC TECHNIQUES, A—Second Edition — William J. Pryor, M.B., Ch.B. (N.Z.), F.F.A.R.C.S. (Eng.), D.A. (Eng.), F.F.A., R.A.C.S., Anesthetist, Thoracic Unit, Christchurch Hospital (N.Z.), and Late Anesthetic Registrar, The London and Poplar Hospitals, London. With a foreword by the late J. H. T. Challis, M.R.C.S. (Eng.), L.R.C.P. (Lond.), F.F.A.R.C.S. (Eng.), D.A. (Eng.), formerly Senior Anesthetist, The London Hospital. Bristol: John Wright & Sons Ltd., 1959. Williams & Wilkins Co., Baltimore, exclusive U. S. agents. 228 pages, $7.00.

NAVY SURGEON—Rear Admiral Herbert Lamont Pugh (MC. Ret.) J. B. Lippincott Company, Philadelphia, 1959. 459 pages, $5.00.

ORTHOPAEDIC NURSING — Third Edition — Mary Powell, S.R.N., M.C.S.P., Orthopaedic Nursing Certificate; Matron, Nuffield Orthopaedic Centre (Wingfield Morris Orthopaedic Hospital), Oxford. Foreword by Sir Reginald Watson-Jones, B.Sc., M.Ch.Orth., F.R.C.S., F.R.C.S.Ed. (Hon.), F.R.A.C.S. (Hon.), F.A.C.S. (Hon.); Extra-Orthopaedic Surgeon to Her Majesty the Queen; Director of Orthopaedic and Accident Service, The London Hospital; Senior Surgeon to the Robert Jones and Agnes Hunt Orthopaedic Hospital. Published by E. & S. Livingstone, Ltd., Edinburgh and London, 1959. The Williams & Wilkins Company, Baltimore 2, Maryland, exclusive U. S. agents. 464 pages, $6.50.

PERIPHERAL VASCULAR DISEASES: AN OBJECTIVE APPROACH — Travis Winsor, M.D., F.A.C.P.; Assistant Clinical Professor of Medicine, University of Southern California School of Medicine, Los Angeles; Director, Heart Research Foundation, Los Angeles; Staff Member, The Hospital of the Good Samaritan, Los Angeles; Staff Member, St. Vincent's Hospital, Los Angeles; Staff Member, Los Angeles County General Hospital. With a foreword by Burrell O. Raulston, M.D., Dean Emeritus, University of Southern California, School of Medicine, Los Angeles, California. Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois, 1959. 845 pages, $16.50.

THERAPEUTIC ELECTRICITY AND ULTRAVIOLET RADIATION—Volume IV of Physical Medicine Library—Edited by Sidney Licht, M.D., Honorary Member, British Association of Physical Medicine, Danish Society of Physical Medicine, and the French National Society of Physical Medicine. Elizabeth Licht, Publisher, 360 Fountain Street, New Haven, Connecticut, 1959. 373 pages, $10.

TOTAL SURGICAL MANAGEMENT (Modern Surgical Monographs—Editor in Chief: I. S. Ravdin, M.D.; Consulting Editor: Richard H. Orr, M.D.). By James D. Hardy, M.S., M.D., F.A.C.S., Professor and Chairman, Department of Surgery, University of Mississippi Medical Center, Jackson, Mississippi. Grune & Stratton, New York, 1959. 292 pages, $9.50.

TREATMENT OF CANCER AND ALLIED DISEASES—Second Edition—Volume III, Tumors of the Head and Neck—Edited by George T. Pack, M.D., F.A.C.S., and Irving M. Ariel, M.D., F.A.C.S. Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, New York, 1959. 781 pages, 1028 illustrations, $30.00.

TUBERCULOSIS MEDICAL RESEARCH—NATIONAL TUBERCULOSIS ASSOCIATION, 1904-1955. — Virginia Cameron, formerly Medical Research Secretary, and Esmond R. Long, M.D., formerly Director of Medical Research, both from National Tuberculosis Association. Published by National Tuberculosis Association, 1790 Broadway, New York 19, N. Y., 1959. 325 pages, $5.00.

Value of Unsaturated Fats Depends on Rest of Diet

Vegetable oils will produce a lowering of the blood cholesterol levels only when combined with a diet that is sharply limited in the use of saturated or "hard" fats, three New York researchers have said.

The addition of unsaturated fats to the diet has frequently been suggested as a way of reducing blood cholesterol levels and thereby perhaps helping to prevent heart disease. However, unsaturated fats will not help unless the diet is restricted in saturated fats, such as beef fat, according to Dr. Richard Perkins, Dr. Irving S. Wright, and Barbara W. Gatje, B.S., of the vascular section of the New York Hospital-Cornell University Medical College department of medicine.

Writing in the April 11 issue of the *Journal of the American Medical Association*, they reported giving two types of unsaturated fats—safflower oil and corn oil—to 22 medical students for periods of seven weeks.

The students followed their normal diets with the addition of the vegetable oils. The oils also contained pyridoxine which is thought to be involved in fat metabolism.

As had been the case in previous studies, there was a considerable variation from week to week in the cholesterol levels of individuals, the researchers said. There was a slight downward trend in the levels, but at no time was the decrease statistically significant.

"There is little doubt," the researchers said, "from the reports of other experimenters that the use of either corn oil or safflower oil, substituted for most of the fat in the diet, will produce a significant decrease in serum cholesterol levels. But in this study, the results of the use of these oils as supplements to a regular diet were not significant enough to justify this as a therapeutic procedure."

In conclusion, they said, "Significant results should not be expected from the use of corn oil or safflower oil, even with the addition of pyridoxine, as a supplement to the usual American diet. . . . This study reemphasizes the fact that, if one wishes to produce a significant lowering of the serum cholesterol level, unsaturated fats should be used only when combined with a diet which sharply limits the use of saturated fats."

The crew of the atomic submarine, *Nautilus*, receives less radiation dosage at sea than the average American does in the course of daily life.—*Science News Letter*, Vol. 75, No. 8.

New Television Camera Helps In Medical Teaching

A small television camera that is worn on the head has been devised to solve a difficult medical teaching problem—showing students critical areas within the ear, nose, throat, and other body cavities.

A pilot model of the camera has already been used in ear, nose and throat teaching. The camera is attached to a helmet worn by the examining doctor. Through a periscope lens, the camera picks up a picture of the cavity and carries it by closed circuit to a television set.

The new teaching device is described by Paul Moore, Ph.D., and Hans von Leden, M.D., Northwestern University Medical School, Chicago, in the April 25 issue of the *Journal of the American Medical Association.*

They explained that normally only one person can look into a body cavity at one time. The problem in the past has been solved through the use of mirrors, which allows one other person to see, and photography, which, of course, prevents the students from seeing the area at the time the examination is done.

The authors believe that the new camera solves these and other problems. It allows the examiner to see the field clearly; it allows the examiner his normal range of motions, and it allows others to see the very same area as the examiner sees.

It has already been used in the clinic, classroom and operating room, and could be used for postgraduate teaching of physicians in their own home, office, or hospital, the doctors said.

The camera is mounted on a fiberglas helmet, with a periscope attached to the camera. The mirror and lens system of the periscope is so constructed that the image is reflected upward to the camera lens while allowing the same image to pass through to the eye of the examiner, the authors explained.

The camera weighs about 18 pounds—too much for an individual to carry on his head; therefore, a flexible supporting system comprised of a counterweighted bar resting horizontally on an adjustable vertical shaft with a T-shaped unit suspending the helmet was devised.

Light is provided through mirrors or a small lamp attached to the periscope.

The pilot model still needs some modification, the authors said. They hope that it can eventually be made to carry color, which would help to delineate the natural features of the areas being examined.

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Subtotal Gastric Resection

An Appraisal of a Means of Treatment of Benign Peptic Ulceration of the Stomach and Duodenum

EDWIN G. CLAUSEN, *M.D.*, and ROBERT J. JAKE, *M.D.*, Oakland

• **In a series of 400 cases of subtotal gastric resection for the treatment of benign ulceration of the stomach and duodenum, the mortality, morbidity and recurrence rate was acceptably low. Fifty-six per cent of the patients had a perfect result, 38 per cent satisfactory, and 6 per cent unsatisfactory. However, the postoperative nutritional status was sufficiently interfered with in a number of patients whose preoperative weight was subnormal that the routine adoption of 75 per cent gastric resection must be questioned. Vagotomy with either pyloroplasty or partial resection may prove to be the most valuable procedure for patients of this type. In properly selected patients, however, gastric resection is a rewarding procedure for both patient and surgeon.**

THE MOST COMMONLY EMPLOYED surgical procedure for benign peptic ulceration of the stomach and duodenum is subtotal gastric resection. Since the results of this procedure are often not completely satisfactory, vagotomy with an emptying procedure, or combined with hemigastrectomy, is now being used more frequently. The ideal operation is one which would result in low mortality and recurrence rates and a minimum of sequelae. An analysis of a series of 400 patients operated upon by the senior author from 1946 to 1958 has been made in order to appraise the results of subtotal gastric resection.

The location of the ulcers is shown in Table 1. All the gastric ulcers were benign and the gastrojejunal ulcers were treated by subtotal gastric resection only. Thirty per cent of the patients were women. Indications for operative treatment were long-established symptoms, such as chronic pain, hemorrhage (uncontrolled or recurrent), obstruction, repeated perforations, and, in the case of gastric ulcers, possible malignant change. In many instances the indications for operation were combined. The duration of symptoms in most instances was 10 to 20 years except in patients with gastric ulcerations. In general the best results occurred in patients

From the Department of Surgery, University of California School of Medicine, San Francisco 22.

Chairman's Address: Presented before the Section on General Surgery at the 88th Annual Session of the California Medical Association, San Francisco, February 22 to 25, 1959.

TABLE 1.—*Data on 400 Cases of Subtotal Gastrectomy for Benign Ulceration of the Stomach and Duodenum*

	No. of Patients	Per Cent
Location of ulcer:		
Duodenal	289	75.25
Gastric	89	22.25
Gastric and duodenal	7	1.75
Gastrojejunal	15	3.75
Sex:		
Male	280	70
Female	120	30

California MEDICINE

For information on preparation of manuscript, see advertising page 2

EDITORIAL

"MD-Plan 65"

JUNE IS THE enrollment month for California Physicians' Service "MD-Plan 65."

This is the plan designed to provide professional services for people of 65 years of age or more, a voluntary plan which has been approved by the House of Delegates of the California Medical Association, the Trustees of California Physicians' Service and representatives of several organized groups of our older citizens.

On a pilot basis, C.P.S. this month will accept applications for medical and surgical services from the older age group and the physicians of California will agree to provide their services under a lowered schedule of fees supplemented by co-payments by beneficiary members.

The plan being offered will cover professional services only, since these are the only services the physicians are able to supply under their own control. Hospital, drug, appliance and other costs will not be included.

In broad terms, the plan proposes to meet the costs of home, office and hospital visits by physicians on the aged participants, the plan paying on the basis of 60 per cent of the usual fees which would result from application of a factor of five to the Relative Value Study. The patient will be asked to supplement this reduced fee by paying $1 for each visit; the physician contributes by dropping the other dollar from his usual fee.

The co-payment by the member is intended to curb any abuse or overuse of the plan and to keep the member conscious of his own obligation to make the program work. This payment will be collected only for physicians' visits, x-rays and laboratory work, and will not be expected if the service rendered is a surgical procedure or is x-ray therapy for cancer.

Another factor in the co-payment arrangement is that such payments will be asked only where the individual member has an annual income below $3,000 for a single person or $4,500 for a family. If the annual income is above those limits, the physician will be entitled to collect from the patient the difference between the payment made by C.P.S. and the usual fee for the same service. It is anticipated that most persons who purchase this service will be below the income ceilings.

Professional services will be supplied for all conditions, with the single exception that a six-month waiting period will be enforced for preexisting conditions or those for which the patient has received services within six months preceding his enrollment in the program. Where the subscriber carries additional insurance, a system of subrogation of costs will be provided.

The above detail is given as an indication of the care with which the Board of Trustees of C.P.S. has approached the problem of meeting the medical care need of older people on an empirical basis. As has been pointed out here before, experience tables for this age group are, at the best, skimpy; present health insurance plans have tended to eliminate members when they reach age 65.

With experience still an unknown factor, and with enrollment figures unknown while the initial enrollment period is open, officials of C.P.S. and C.M.A. alike are at work on the question of how the program is to be financed. If utilization of services soars to unexpected heights, who is to meet the cost of the payments guaranteed by C.P.S. to participating physicians? This question has brought forth the moral obligation of the entire profession to meet such costs, if they do arise, rather than placing the load on those physicians who provide the service. In short, this is a professional obligation rather than a personal one.

Financial committee members of C.P.S. and C.M.A. are working on this problem in an effort to work out a method of subsidizing possible losses on the program and to minimize or eliminate the use of trust funds which are held by both bodies for the

Annual Meeting

Ambassador Hotel

LOS ANGELES

February 21 to 24, 1960

Papers for Presentation

If you have a paper that you would like to have considered for presentation, it should be submitted *to the appropriate section secretary* (see list on this page) no later than August 21, 1959.

Scientific Exhibits

Space is available for scientific exhibits. If you would like to present an exhibit, please write immediately to the office of the California Medical Association, 450 Sutter Street, San Francisco 8, for application forms. To be given consideration by the Committee on Scientific Work, the forms, completely filled out, must be in the office of the California Medical Association no later than September 1, 1959. (No exhibit shown in 1959, and no individual who had an exhibit at the 1959 session, will be eligible until 1961.)

Medical Motion Pictures

The daytime Film Symposiums which proved so popular during the 1959 sessions will be continued in 1960. Evening film programs will be planned for doctors, their wives, nurses and ancillary personnel.

Authors desiring to show films should send their applications to Paul D. Foster, M.D., California Medical Association, 2975 Wilshire Blvd., Los Angeles 5. All authors are urged to be present at the time of showing as there will be time allotted for discussion and questions from the audience after each film.

Deadline is October 1, 1959.

PLANNING MAKES PERFECT
AN EARLY START HELPS

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California MEDICAL ASSOCIATION

NOTICES & REPORTS

C.P.S. Medical Care Plan for "Over 65"

AS REQUESTED by the C.M.A. House of Delegates at their 1959 annual meeting, C.P.S. has "proceeded with all speed" in developing and selling an experimental health plan for persons 65 years of age and over.

On June 1, C.P.S. offered throughout California the "MD-Plan 65" for persons 65 and over who reside in the state. Enrollment will continue until midnight June 30 and protection will start for all enrolled members on July 1, 1959.

Benefits of the plan are in line with those authorized by the House of Delegates in accepting the recommendations contained in the report of the C.M.A. Special Committee on needs of the aging. These benefits are listed in the adjoining box. The price of the plan for subscribers is $6.90 a month for men and $7.90 for women.

A new approach was taken in establishing benefits and rates of this test program. Recognizing the medical requirements of persons 65 and over, the House of Delegates approved the recommendation that physician members provide their services at lower than usual fees and that provision be made for out-patient benefits which are not offered by any other plan. No contract provision was made for hospitalization, nursing care or drugs because these services cannot be provided by physicians at reduced costs.

C.P.S. fees for this program are in accordance with the action of the House of Delegates which approved a schedule based on 60 per cent of the $5 conversion factor of the C.M.A. Relative Value Study ($3 per unit).

Co-Payment Principle

The co-payment principle is being introduced into this program to control costs. This means that, in addition to the C.P.S. payment to physicians, members of the "MD-Plan 65" will make a co-payment of $1 per unit for visits, for x-ray examinations and for laboratory services. Co-payments are *not* required for surgical operation of any kind or for x-ray therapy for cancer.

All "MD-Plan 65" members are notified of the co-payment principle. Whether or not this deterrent to needless use of benefits will have the intended effect will depend largely upon the physician's co-operation in collecting the co-payment from the member as part of his fee.

Before the effective date of contract benefits, July 1, medical assistants should be advised of the need to request this co-payment. Each member will be identified by a special green identification card marked "MD-Plan 65." When such a card is presented, the medical assistant should remind the member of the co-payment required.

Income Provisions

The co-payment should be collected from all C.P.S. "MD-Plan 65" members whose annual gross income is $3,000 or less for a single person or $4,500 or less for a married couple. (It is expected that most persons purchasing this coverage will have incomes below these levels.)

Members whose annual incomes are higher than these amounts may be charged the difference between the C.P.S. payment and the physician's usual fee. In this case, however, fees should be discussed in advance of service.

California MEDICINE

INDEX TO VOLUME 90, JANUARY-JUNE, 1959

AUTHOR INDEX

KEY TO ABBREVIATIONS USED

(Or.)—Original Article; (Ed.)—Editorial; (CMA)—California Medical Association; (CR)—Case Report; (I)—Information; (LE)—Letters to the Editor; (MJ)—Medical Jurisprudence.

SUBJECT INDEX

EDITORIALS

CALIFORNIA MEDICAL ASSOCIATION

INFORMATION

BOOK REVIEWS

DEATHS

Operation Devised for Correcting "Lop" Ears

(Continued from Front Advertising Section, Page 62)

rows of tiny cuts are made, overlapping each other, until the entire area to be bent is covered. This gives the appearance of fish scales or shingles on the roof, and also breaks the spring of the flat surface which is to be bent. When the spring has been sufficiently broken, the ear will remain nearly in its new position without holding it, Dr. Holmes said. When the ear is in its correct position, there is a small amount of excess skin, which is removed before the skin is closed. A pressure dressing is applied and left in place for a week, when the stitches are removed.

The new technique permits the bending of a malformed ear to a more normal position without creating secondary undesirable deformities or irregularities, Dr. Holmes said.

Small Hospital Staffs Can Do Open-Heart Surgery

Open-heart surgery, generally performed only in large medical centers, is "entirely within the realm" of many small city and community hospitals, according to four staff members of such hospitals.

Writing in the May 2 issue of the *Journal of the American Medical Association*, they said there is no need for "an assemblage of a vast throng of superscientists" to accomplish heart surgery. All that is needed is "a trained surgeon and an interested and dedicated group of workers."

Neither need there be a "complex wilderness of gadgets" surrounding the heart patient. Small hospitals can provide the necessary equipment—mainly a mechanical heart-lung machine—and do not need to go into obtaining physiological data, which requires many expensive machines. The large medical centers can do this.

The authors pointed out that there are at least 25,000 persons in the United States who annually are eligible for heart surgery. Many of these persons who otherwise could not receive treatment can be saved if heart surgery is performed in small hospitals.

Each member of the operating team must be fully trained in his role in the operating room by repeated performance in the experimental laboratory. Repetition in the laboratory will make each individual procedure "as perfect and mechanistic as that of eating a meal," the author said.

The team should begin by performing the less difficult operations, such as those for the repair of holes in the heart walls. Gradually they may add the more difficult procedures, such as the "blue baby operation."

The authors emphasized that hospital staffs undertaking open-heart surgery must be willing to work hard—first in helping to raise the necessary money,

(Continued on Page 78)

Small Hospital Staffs Can Do Open-Heart Surgery

(Continued from Page 72)

then in practicing in the laboratory. But if they are willing to do these things, patients will "not be denied their rightful opportunity" for the newest surgical procedure.

The authors are Alfred R. Henderson, M.D., Robert R. Meijer, Ph.D., Harvey Black, and Georges Oteifa, M.D., Asbury Park, New Jersey. They are associated with Fitkin Memorial Hospital, Neptune, New Jersey, Monmouth Medical Center, and Riverview Hospital, Boonton, New Jersey.

Child's Elbow May Be Injured By Sudden Jerk of Hand

A sudden jerk on a small child's hand, which lifts him off his feet, may injure his elbow, a North Dakota orthopedist has warned.

The injury, first described in 1671, is sometimes called "nursemaid's elbow." Actually it is a dislocation of the upper end of the radius, the long flat bone on the inside of the forearm. The radius, being directly fixed to the bones of the hand, is pulled out of the ligaments at the elbow.

According to Dr. George M. Hart, Northwest

(Continued on Page 84)

Have you moved recently? . . . then please send old address as imprinted on mailing label of *California Medicine* and new address to: *California Medicine*, 450 Sutter St., San Francisco 8. (Allow four weeks for change over).

No Expert Testimony Needed Where Foreign Body Is Left in Wound

In a suit for medical professional liability in which the patient and his wife alleged that the defendant doctor negligently left a foreign body in the wound at the time of a prior operation, causing an abscess, the trial court judge took the case from the jury and directed a verdict for the defendant because the plaintiffs had not produced an expert medical witness to show that leaving a small bit of gauze or a few threads in the wound is not in accord with the degree of skill and care common to surgeons in this locality. The U. S. Court of Appeals reversed, holding that everybody knows without being told by an expert that it is not approved surgical practice to leave a small bit of gauze or a few threads therefrom, or any other foreign nonabsorbable substance in a patient's body.

Young v. Fishback, 8 Negligence Cases (2d) 1398 (U. S. Court of Appeals for the District of Columbia, Dec. 8, 1958.)

The Citation, March 30, 1959, Vol. 1, No. 11

Child's Elbow May Be Injured By Sudden Jerk of Hand

(Continued from Page 78)

Clinic, Minot, North Dakota, the injury usually occurs in children between the ages of two and four years and rarely after the age of six.

Writing in the April 11 issue of the *Journal of the American Medical Association,* he reported seven cases of the injury. They had occurred in several ways—when the child rolled on the arm, when a cousin twisted the child's arm, and when the child fell on the arm. The most common means of injury, however, is when the child's hand is jerked and he is pulled off his feet.

After injury there is pain in the region of the elbow, the child refuses to use the arm, and he holds the elbow slightly bent and the forearm with the palm turned down.

The treatment is simple, Dr. Hart said. The affected elbow is grasped with one hand with the thumb on the head of the radius. The forearm is held with the opposite hand at the wrist and extended.

The forearm is then forcibly turned so the palm faces upward and at the same time slight pressure is applied at the radius head with the thumb. Upward pressure may be made on the forearm so that the radius is pushed upward. As the manipulation is carried out, a slight click is often felt over the head of the radius and pain and limitation of movement are relieved.

"Reduction is usually so easy that it may occur spontaneously," Dr. Hart said, "or may be accomplished by the parent or x-ray technician during manipulation of the arm."

After the bone is back in place, the arm should be put in a sling for a few days and care should be taken that the child's forearm is not pulled, he said.

Jet Travel Presents Infection Hazard

Rapid air travel presents a danger—and a challenge—in the control of infectious diseases, according to Dr. Wesley W. Spink, an expert in the field.

Writing in the April 18 issue of the *Journal of the American Medical Association,* Dr. Spink of the University of Minnesota Medical School said "in this era of missiles and jet travel a medical problem in Madras, India, today, may be that of New York City tomorrow."

For example, a German physician traveled from India to Ceylon, where he thought that he had contracted influenza. He continued on by plane to Switzerland and then by train to Heidelberg, Germany. Shortly thereafter, the physician and at least 13 other persons with whom he had been in contact were given diagnoses of smallpox. Such spread of a disease has occurred many times in more restricted geographical areas, but "the availability of rapid means of travel could readily expand the area," he said.

One of the major problems presented by a possible spread of a disease to a new part of the world is that many physicians are unfamiliar with diseases not prevalent in their own areas.

During World War II, a special training program

(Continued on Page 102)

Medicine-Press Cooperation Saves Children's Lives

Many small children may be saved from death because physicians and newsmen have cooperated in alerting the nation to the danger of plastic dry-cleaning bags.

The danger, according to an article in the April 25 issue of the *Journal of the American Medical Association,* is that they may cause suffocation.

The nationwide alert went out this spring after four Phoenix, Arizona, children died by suffocation while playing with plastic bags.

Dr. Paul B. Jarrett, chairman of the Maricopa County Medical Society's safety committee, became concerned, drafted a warning, and sent a copy to the *Arizona Republic,* "a newspaper whose editorial staff immediately recognized a public service duty inherent in the news itself," according to the *Journal* article.

Wire services picked up the story and carried it across the country. The American Medical Association Committee on Toxicology sent a warning to health departments, poison control centers, and other interested groups. Health departments in Chicago and New York issued their own warnings and the National Safety Council is now preparing one.

"There is no way," the article said, "of determining how many young lives will be saved because of one physician alerting many—and because of newsmen then carrying the word to millions. That young lives were and will be saved cannot be doubted. . . ."

Dr. Jarrett was quoted in the article as explaining how the plastic bags cause trouble. He said, "An electrostatic charge may have been generated by friction from handling. The youngster, in peering through this material, is apt to have it literally grab him through electrical attraction to his face. If this happens, only the prompt intervention of an adult will prevent tragedy.

"This dangerous material won't tear when a child fights it. Dizziness, inability to think, spasms of muscles occur with more and more rapid breathing. Vomiting with inhalation of undigested food puts a finish to this terrible tragedy."

Dr. Jarrett believes that the alarm against these bags—now used so often by laundries and dry-cleaners—cannot be repeated too often.

He said, "Such a horrible combination as a child playing with a venomous reptile would not result in death as quickly as suffocation by the plastic film which clings to the face with diabolical tenacity.

"These deaths are the result of carelessness. They could have been prevented. Through knowledge they will be prevented in the future."

The characteristics most clearly related to repeated (automobile) accidents or high accident rate are very low intelligence, youthfulness, and a personality makeup featured by egocentricity, aggressiveness, antisocial trends, and social irresponsibility. *—J.A.M.A., Vol. 169, No. 11, page 1206.*

Jet Travel Presents Infection Hazard

(Continued from Page 93)

in tropical diseases was set up for American physicians so they would recognize and know how to treat diseases acquired by servicemen in the tropics.

Dr. Spink suggested that a similar program be set up as a regular postgraduate course for physicians. In such a program, which might be worked out through such agencies as the U. S. Public Health Service and the World Health Organization, physicians would be sent to different areas in the world to see diseases under natural conditions.

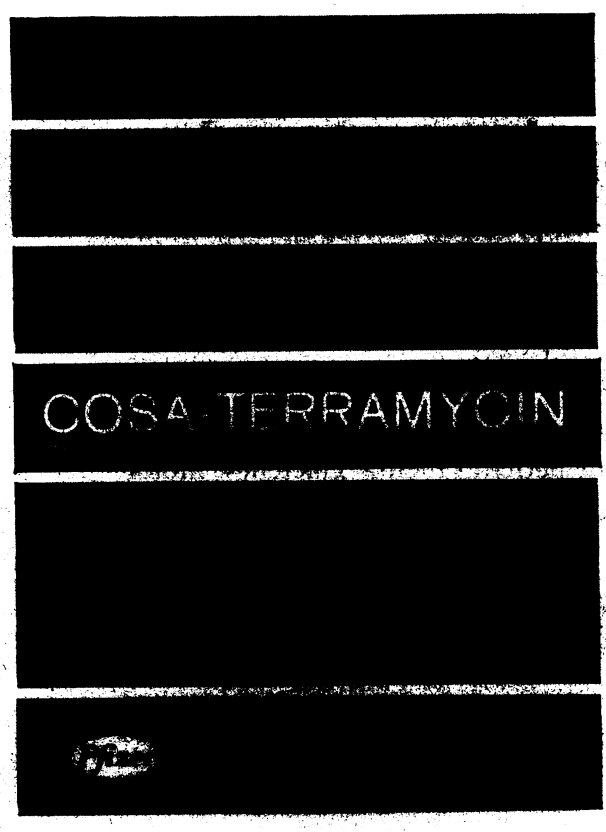
He noted that many diseases are well controlled in certain areas, such as smallpox in the United States. However, "it is well to recall that in all of the history of medicine no infectious disease has ever been treated out of existence," he said. Even plague still exists in the world, although it rarely breaks out, mainly because of public health measures.

The great advances in the control and elimination of infectious diseases have taken place only because of the accumulation of precise data about the life habits of specific infective agents, he said. Armed with accurate information men have made efforts to block the channels through which disease is spread, but to continue to do this, men must be trained to understand all infectious diseases.

Colorado Suit Dismissed

On March 28, 1959, the suit instituted by William D. Broxon, M.D. of Trinidad, Colorado against the Colorado State Medical Society was dismissed. In this action, Doctor Broxon had requested the Court: (1) to declare void the Colorado State Medical Society's Official Opinion and Supplement to the Official Opinion which interpreted certain sections of the Principles of Medical Ethics of the American Medical Association and (2) to issue an injunction

(Continued on Page 106)



Medical Professional Liability—Breach of Contract

The plaintiff in this suit alleged, in part, that the defendant physician was guilty of a breach of contract because he failed to notify her that he would be unavailable at the time of her delivery. The Supreme Judicial Court of Maine held that, "The general rule seems to be that a physician is not liable for lack of diligence in attending a patient if he temporarily leaves or interrupts his practice, provided (1) he makes proper provision for the attendance of a competent physician during his absence in case of a call, (2) timely informs his patient of his unavailability and the substitution, and (3) does not absent himself while a patient is in a critical condition." Thus, the court concluded, "Whether or not the notice was a timely one might well be a jury question depending upon the existing exigencies and circumstances. Moreover, we do not think the notice need necessarily be given directly to the patient, as long as it is conveyed to the patient in ample time."

Miller v. Dore 148 A 2d 692 (Me., Feb. 4, 1959).

Colorado Suit Dismissed

(Continued from Page 102)

against the Society from enforcing the Official Opinion and Supplement. Dr. Broxon had alleged that the Official Opinion and Supplement condemned the U.M.W. Welfare and Retirement Fund of 1950 "as contravening the so-called 'Free Choice of Physi cian' principle" and that the Society was in the process of enforcing the Official Opinion thus subjecting him to disciplinary action embracing expulsion from the Society. (See "The Citation" of July 31, 1958.) The Court order of dismissal came after attorneys for Doctor Broxon filed a "stipulation of dismissal" which stated that Doctor Broxon will be leaving Colorado about June 1, and the issues will be "moot before tried".

William D. Broxon v. The Colorado State Medical Society, Denver Dist. Ct., Denver, Colorado, Civil Action No. ....., March 28, 1959.

Editor's Note: A second suit, filed by two other Trinidad physicians against the Las Animas (Colorado) County Medical Society and six of its individual members, is still pending. The plaintiffs, Drs. Biber and Carlson, are salaried employees of a U.M.W.A. panel. They are not members of the local medical society. The plaintiffs have asked for a declaratory judgment holding that their practice is legal under the Colorado Medical Practice Act and for a Court order prohibiting the county medical society from denying them membership—allegedly on the grounds of their association with U.M.W.A.

Each also sought $75,000 damages from the county medical society alleging damage to his practice. These claims were subsequently dropped.